



*"Service with Excellence  
and Integrity"*

## Arkansas Department of Community Correction

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### **ADMINISTRATIVE DIRECTIVE: 11-10 TRANSITIONAL HOUSING FACILITY LICENSE**

**TO: DEPARTMENT OF COMMUNITY CORRECTION EMPLOYEES**

**FROM: DAVID EBERHARD, DIRECTOR**

**SUPERSEDED: AD 07-01**

**PAGE 1**

**APPROVED: Signature on File**

**EFFECTIVE: November 30, 2011**

**I. APPLICABILITY.** This policy applies to Department of Community Correction (DCC) employees, applicants for and recipients of a Transitional Housing Facility License (License).

**II. POLICY.** It is DCC policy that transitional housing facilities and programs that provide services to DCC offenders meet the licensing standards established in Administrative Regulation 7.8, "Transitional Housing Program," to ensure a structured, positive, and safe environment for offenders remanded for various transitional housing services and for the safety of the community. It is also DCC policy that service providers embrace the Principles of Evidence-Based Practices.

### **III. DEFINITIONS.**

**A. Applicant.** Any individual, business or organization that has applied to receive an Arkansas Transitional Housing Facility License.

**B. Evidence-based Practices.** Policies, procedures and practices proven through research to reliably reduce recidivism.

**C. Transitional Housing.** Transitional housing is a DCC licensed facility that provides housing for one or more offenders placed on DCC community supervision. An offender's home or the residence of an offender's family member shall not be considered a transitional housing facility for purposes of this directive.

## **IV. PROCEDURES.**

### **A. Application.**

1. The Chief Deputy Director will ensure that a current application (DCC Form 101) for a License is accessible to the public and maintained on the DCC website.
2. Applicants may contact the nearest Transitional Housing Review Team (THRT) located at one of the Area Offices listed on Attachment 1, or visit the DCC website for a License application. The Parole/Probation Area Manager will arrange and facilitate a THRT meeting to review applications, as necessary.
3. Applications and documents submitted to the DCC for licensing consideration will not be returned.
4. A program that provides housing for one (1) or more offenders that is otherwise accredited, licensed, or approved by an appropriate oversight body, as determined by the DCC Director, shall automatically be issued a Transitional Housing License with a waiver of the application fee.

### **B. Transitional Housing Review Team (THRT).**

1. The Assistant Directors for Parole/Probation will facilitate establishment and maintenance of a THRT for each Parole/Probation Area. The THRT for the initial licensure review must include the Assistant Director of P/P Services, Assistant Director of Treatment Services, Transitional Housing Coordinator, Parole/Probation Area Manager, local P/P officer, and the Substance Abuse Program Leader. The subsequent licensure renewal inspection team may include the following: Assistant Parole/Probation Area Manager, P/P Officer and the Substance Abuse Program Leader.
2. The THRT will receive and review license applications and documentation, perform onsite visits and inspections (initial and periodic, announced and unannounced), review reports of critical incidents involving or concerning DCC offenders, and make objective recommendations (using DCC Form 101) to the Deputy Director of Parole/Probation Services.
3. The THRT will conduct ACIC/NCIC and eOMIS queries to verify the criminal status of individuals operating, managing, supervising, overseeing and/or in ownership of the housing facility and to determine whether they are currently under DCC supervision for a felony offense.
4. THRTs will forward favorable and unfavorable licensure recommendations to the Deputy Director of Parole/Probation Services for review and action.

5. The Deputy Director of Parole/Probation Services will perform the following:
  - a. Review license recommendations,
  - b. Obtain the Director's approval and signature and issue 12 month initial and renewal licenses to eligible applicants, in accordance with Administrative Regulation 7.8, "Transitional Housing Program,"
  - c. Notify appropriate applicants and licensees in writing of licensure decisions, any specific requirements that were not met, decisions on appeals, and license fee changes, and
  - d. Prepare appeals for the Director's review and Board of Corrections (BOC) action.

**C. Collaboration.** The following is established to gain continuity and coordination in the management of transitional housing arrangements for DCC offenders:

1. Parole/Probation Area Managers will assign and maintain assignment of a parole/probation officer (others as needed) to manage cases and coordinate with staff at transitional housing facilities or programs, as necessary.
2. DCC and transitional housing staff will communicate positive drug/alcohol test results as soon as possible.
3. The DCC parole/probation officer assigned to a transitional housing facility will investigate and report findings of any complaints, observed or suspected non-compliance with rules, policies, laws and/or regulations to the THRT for further action.
4. Transitional housing staff will respond to and notify the DCC supervision officer of such requests as subpoenas, court orders, search and arrest warrants.
5. Transitional housing staff will honor DCC travel passes and immediately report violations of travel restrictions to the DCC supervision officer.
6. Transitional housing staff will transmit written reports of offender progress (positive and negative) to the assigned supervision officer each month.
7. Transitional housing staff will immediately report an offender's violent and threatening behavior, endangering others, and awareness of an escape or abscond from the facility.

8. Transitional housing staff should only dismiss an offender for substantial reasons and must coordinate with the supervising officer. Dismissal actions are appropriate for such infractions as sexual abuse, violence, life threatening actions, property destruction or substantial verbal abuse.

When dismissal action is deemed necessary for an offender under Act 679 of 2005 (Early Release to Transitional Housing), the offender shall NOT be discharged into the community. Instead, contact the Parole/Probation Officer who will arrest or have the offender arrested by local police. However, if the offender is offensive and violent, call local police first and then the Parole/Probation Officer. The “early release” offender will be held in jail until the Parole Board can determine an appropriate action; and

9. The Deputy Director of Parole/Probation Services shall ensure that licensed Transitional Housing staff document staff training and comply with the Prison Rape Elimination Act (PREA) and other special training requirements (such as evidence-based practices, tobacco cessation).

- D. Licensure Requirements.** Applicants must meet the requirements and Standards established in AR 7.8, “Transitional Housing Program” to receive a License or license renewal to provide or continue the provision of transitional housing to DCC offenders.
- E. Fees.** As established by the Board of Corrections (7/22/05), the non-refundable license application fee is \$250 for the initial license and \$100 for each subsequent annual renewal application of an existing license, unless the fee has been waived in accordance with the provisions of AR 7.8, “Transitional Housing Program.” This fee will be deposited in the Best Practices Fund.
- F. Monitoring for Compliance.** The Deputy Director for Parole/Probation must establish procedures for at least annual monitoring of providers licensed by DCC to operate as transitional housing facilities. Monitoring reports should be electronically forwarded to the Deputy Director of Parole/Probation Services and appropriate action taken concerning the findings.
- G. ADA Compliance.** The Chief Officer of the transitional housing facility must provide written assurance that the services operated will be in compliance with Title III of the Americans with Disabilities Act.
- H. Equal Opportunity.** Transitional housing facilities and services must be provided without regard to race, color, gender, religion, age, national origin, genetic information, disability or other biases prohibited by State or federal law.
- I. Display of License.** The Arkansas Transitional Housing Facility License must be displayed in or near the entrance of the facility at all times.

**J. Appeals.** An appeal of a licensing decision must be submitted in writing within 15 days of the initial decision. The appeal must be submitted to the DCC Director on the agency's letterhead and must include the date of application, the THRT location that accepted the application, and the agency's justification for requesting reconsideration. A response will be provided within 15 days of receipt of BOC action. The decision of the BOC is binding.

**V. ATTACHMENT/FORMS.**

Attachment 1 Transitional Housing Review Team Locations List

Application for Arkansas Transitional Housing Facility License, DCC Form 101

**Arkansas Department of Community Correction  
TRANSITIONAL HOUSING REVIEW TEAM LOCATIONS**

**Area 1**

**Parole/Probation Manager**  
**703 SE “J” Street**  
**Bentonville, Arkansas 72712**  
**Phone: (479) 464-0735**  
**Fax: (479) 464-0830**

**Area 2**

**Parole/Probation Manager**  
**801 South Pine Street, Suite 1**  
**Harrison, Arkansas 72601**  
**Phone: (870) 741-3228**  
**Fax: (870) 741-0028**

**Area 3**

**Parole/Probation Manager**  
**401 West Vine**  
**Searcy, Arkansas 72143**  
**Phone: (501) 279-7990**  
**Fax: (501) 279-9156**

**Area 4**

**Parole/Probation Manager**  
**511 Union Street, #230**  
**Courthouse Annex**  
**Jonesboro, Arkansas 72401**  
**Phone: (870) 935-7290**  
**Fax: (870) 972-0910**

**Area 5**

**Parole/Probation Manager**  
**805 Garrison**  
**Fort Smith, Arkansas 72901**  
**Phone: (479) 785-2664 - Parole**  
**Phone: (479) 782-2123 - Probation**  
**Fax: (479) 782-3146**

**Area 6**

**Parole/Probation Manager**  
**707 Robins Street, Suite 102**  
**Conway, Arkansas 72034**  
**Phone: (501) 327-3256**  
**Fax: (501) 327-3299**

**Area 7**

**Parole/Probation Manager**  
**2679 Pike Ave**  
**North Little Rock, Arkansas 72114**  
**Phone: (501) 371-0420**  
**Fax: (501) 371-1566**

**Area 9**

**Parole/Probation Manager**  
**250 Shoppingway, Suite B**  
**West Memphis, Arkansas 72301**  
**Phone: (870) 735-4486**  
**Fax: (870) 735-4570**

**Area 10**

**Parole/Probation Manager**  
**127 West Page Avenue**  
**Malvern, Arkansas 72104**  
**Phone: (501) 337-7973**  
**Fax: (501) 337-9673**

**Area 11**

**Parole/Probation Manager**  
**2801 South Olive, Suite 6-D**  
**Pine Bluff, Arkansas 71603**  
**Phone (Probation): (870) 850-8950**  
**Fax: (Probation) (870) 850-8967**  
**Phone (Parole): (870) 535-7244**  
**Fax (Parole): (870) 536-4924**

**Area 12**

**Parole/Probation Manager**  
**601 Hazel, Suite 6**  
**Texarkana, Arkansas 71854**  
**Phone: (870) 779-2000**  
**Fax: (870) 779-2043**

**Area 13**

**Parole/Probation Manager**  
**1812 Lorene St.**  
**El Dorado, Arkansas 71731**  
**Phone: (870) 862-3449**  
**Fax: (870) 862-8725**

**Check One:**   ☐ **NEW APPLICATION**   ☐ **RENEWAL**                      **APPLICATION DATE:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone #	Cell Phone #	Email Address
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Type	Licensed By	License Number	Date
Type	Licensed By	License Number	Date
Type	Licensed By	License Number	Date

Meals Served:    ☐ Breakfast    ☐ Lunch    ☐ Dinner    ☐ Daily    Other: \_\_\_\_\_

Contractor	Type of Service
Contractor	Type of Service

[illegible]

(2) (3) (4)

## Date: \_\_\_\_\_

**Please list the name, position, date of birth, social security number, race and sex (m-male/f-female) of each person who will provide services at the transitional housing facility upon licensing. Attach additional pages, as needed.**

[illegible]

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Date



Agency: \_\_\_\_\_

The attachments indicating proof of compliance should be numbered and coincide with the ones listed below. Submit applications & documentation to the nearest Parole/Probation Manager for processing.

ATTACHMENTS	COMMENTS	YES	NO
1. Nonrefundable license fee enclosed		<input type="checkbox"/>	<input type="checkbox"/>
2. Copies of Certificates of Compliance and/or satisfactory inspections from local authorities:		<input type="checkbox"/>	<input type="checkbox"/>
(a) Building Code		<input type="checkbox"/>	<input type="checkbox"/>
(b) Health Code		<input type="checkbox"/>	<input type="checkbox"/>
(c) Housing Code		<input type="checkbox"/>	<input type="checkbox"/>
(d) Safety Code		<input type="checkbox"/>	<input type="checkbox"/>
(e) Food Service (as appropriate)		<input type="checkbox"/>	<input type="checkbox"/>
(f) Fire Code		<input type="checkbox"/>	<input type="checkbox"/>
(g) Plumbing Code		<input type="checkbox"/>	<input type="checkbox"/>
(h) Electrical Code		<input type="checkbox"/>	<input type="checkbox"/>
(i) Zoning Ordinance (Conditional or Special Use Permit accepted)		<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of Business License or Proof of 501C(3) status		<input type="checkbox"/>	<input type="checkbox"/>
4. Transportation provided, proof of adequate automobile insurance and first aid kits, fire suppression equipment & successful completion of training on its use attached.		<input type="checkbox"/>	<input type="checkbox"/>
5. Proof of liability and premise insurance.		<input type="checkbox"/>	<input type="checkbox"/>
6. Itemized list of fees (in dollar amounts, one-time/monthly) assessed or charged offenders		<input type="checkbox"/>	<input type="checkbox"/>
7. Itemized list of violation fines, and other charge(s), in dollar amounts, assessed or charged offenders.		<input type="checkbox"/>	<input type="checkbox"/>
8. Itemized list of products and the cost of each that will be sold to offenders residing in the housing facility.		<input type="checkbox"/>	<input type="checkbox"/>
9. Proof of vehicle safety inspections by qualified individuals in accordance with state statutes for vehicles owned, leased, or used in operation of the housing program.		<input type="checkbox"/>	<input type="checkbox"/>
10. Ex-offenders\employed by the facility have proof of discharge from felony sentence.	Name(s):	<input type="checkbox"/>	<input type="checkbox"/>
11. Copy of Red Cross or American Heart Association certifications of staff qualified to perform CPR & First Aid.		<input type="checkbox"/>	<input type="checkbox"/>
<b>Copies of Policies/Procedures that address the following:</b>			
12. Facility Disaster Plan, including evacuation procedures, documented drills, and contingency plan for continued treatment or programming in the event of a disaster.		<input type="checkbox"/>	<input type="checkbox"/>
13. Response to subpoenas, court orders, search, and arrest warrants.		<input type="checkbox"/>	<input type="checkbox"/>
14. Immediate notification of DCC staff when an offender escapes or absconds from the facility.		<input type="checkbox"/>	<input type="checkbox"/>
15. Offender records are uniform in format and content, and are bound to prevent accidental loss. All entries are chronologically listed and signed or initiated.		<input type="checkbox"/>	<input type="checkbox"/>

Agency: \_\_\_\_\_

ATTACHMENTS	COMMENTS	YES	NO
16. Release of pertinent medical information to medical personnel providing care in life-threatening situations and the offender's condition or situation precludes the possibility of obtaining the offender's or administrator's written authorizations if obtaining such authorization would cause excessive delay in delivering medical attention. Policy requires the person releasing the information to document the details of what, when, to whom, and why the information was released and inform the offender of the release.		<input type="checkbox"/>	<input type="checkbox"/>
17. Copy of the facility's Policies/Procedures safeguarding confidential offender information (especially concerning substance abuse, mental and personal health) from unauthorized access and/or disclosure.		<input type="checkbox"/>	<input type="checkbox"/>
18. Transitional housing policy and procedures require.			
(a) When disclosing offender information pursuant to a written consent to release information, written notice of prohibition of re-disclosure is also provided. Such releases become a permanent part of the offender record.		<input type="checkbox"/>	<input type="checkbox"/>
(b) Transitional staff to make written reports at least monthly of offender progress (positive and negative) to the assigned supervision officer, unless the offender exhibits violent and threatening behavior, endangering others, in which case, immediate notification is appropriate.		<input type="checkbox"/>	<input type="checkbox"/>
(c) Prior notice (when possible) of any intentions to dismiss an offender from the program facility.		<input type="checkbox"/>	<input type="checkbox"/>
(d) Transitional staff to contact the assigned DCC officer before dismissing an offender from the transitional housing facility. Policy also requires all incidents and/or rule infractions to be documented in the offender's progress notes prior to any discharge action, unless the incident is a life threatening or violent situation. Such violent situations warrant local law enforcement and supervising officer contact.		<input type="checkbox"/>	<input type="checkbox"/>
(e) Prior authorization from DCC, court, or Parole Board before accepting DCC offenders into the transitional housing facility/program.		<input type="checkbox"/>	<input type="checkbox"/>
(f) Transitional housing facilities and services are provided without regard to race, color, gender, religion, age, national origin, genetic information, disability or other biases prohibited by State or federal law.		<input type="checkbox"/>	<input type="checkbox"/>
(g) Denial of out of county weekend travel or special passes for an offender unless approved by DCC staff.		<input type="checkbox"/>	<input type="checkbox"/>
(h) 24-hour per day staffing is preferred but not required.		<input type="checkbox"/>	<input type="checkbox"/>
19. Rules attached that allow dismissal (e.g., acts of violence verbal/physical, and destruction of property, sexual assault, and substance abuse).		<input type="checkbox"/>	<input type="checkbox"/>
20. Copy of policies/procedures on adherence to the Prison Rape Elimination Act (PREA)		<input type="checkbox"/>	<input type="checkbox"/>

Agency: \_\_\_\_\_

PHYSICAL PLANT ASSURANCES			
REQUIREMENT	COMMENTS	YES	NO
21. Evidence of curfews and house rules to include enforcement.		<input type="checkbox"/>	<input type="checkbox"/>
22. Adequate space in sleeping rooms for the number of occupants.		<input type="checkbox"/>	<input type="checkbox"/>
23. Individual storage is available for clothes and personal items.		<input type="checkbox"/>	<input type="checkbox"/>
24. Telephone lines allow for electronic monitoring of offenders.		<input type="checkbox"/>	<input type="checkbox"/>
25. Male and female bedrooms and bathrooms are separate with adequate barriers between.		<input type="checkbox"/>	<input type="checkbox"/>
26. The number of toilets, sinks, and showers are adequate for the number of occupants.		<input type="checkbox"/>	<input type="checkbox"/>
27. If the facility is a private residence, it has a separate entrance to an exclusive service area for offenders.		<input type="checkbox"/>	<input type="checkbox"/>
28. Facility is clean and presentable.		<input type="checkbox"/>	<input type="checkbox"/>
29. Adequate laundry facilities are on the premises or within a reasonable distance from the facility.		<input type="checkbox"/>	<input type="checkbox"/>
30. Evidence of curfews and house rules (including enforcement) is visible.		<input type="checkbox"/>	<input type="checkbox"/>
31. Noticeable signs posted at the entrance that weapons are prohibited except for law enforcement officers or officials pursuing their lawful duties.		<input type="checkbox"/>	<input type="checkbox"/>
32. Facilities are adequately equipped with first aid supplies and fire suppression equipment.		<input type="checkbox"/>	<input type="checkbox"/>
33. Vehicles used to transport offenders are adequately equipped with first aid and fire suppression equipment.		<input type="checkbox"/>	<input type="checkbox"/>
34. Offender files are secured and inaccessible to unauthorized individuals.		<input type="checkbox"/>	<input type="checkbox"/>
35. Evidence that the facility is accessible to offenders 24 hours daily.		<input type="checkbox"/>	<input type="checkbox"/>
36. Evidence that staff are present during structured activities (preferably 24 hours daily)		<input type="checkbox"/>	<input type="checkbox"/>
37. The agency's chief officer's statement is attached assuring operation of services in compliance with Title III of the ADA.		<input type="checkbox"/>	<input type="checkbox"/>
38. Evidence that the staff have trained concerning <input type="checkbox"/> PREA <input type="checkbox"/> Tobacco cessation <input type="checkbox"/> Evidence-based practices		<input type="checkbox"/>	<input type="checkbox"/>

DCC STAFF USE ONLY Received by: \_\_\_\_\_ Date: \_\_\_\_\_

THRT AREA \_\_\_\_\_ THRT Recommendation: ☐ Approval ☐ Denial Date: \_\_\_\_\_Application Complete?: ☐ Yes ☐ No P/P Assistant Director Signature: \_\_\_\_\_

Comments to include reasons if recommending denial: \_\_\_\_\_

☐ Reviewed P/P Deputy Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_☐ APPROVED ☐ DENIED Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_